

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Secretary of State's Office		CONTACT PERSON Dave Scott	TELEPHONE NUMBER (601) 359-9055	
ADDRESS 700 North Street		CITY Jackson	STATE MS	ZIP 39202
EMAIL dave.scott@sos.ms.gov	SUBMIT DATE 10/31/11	Name or number of rule(s): Compilation of Mississippi Secretary of State's Office Rules – Part 12: Regulation and Enforcement – Preneed Funeral Service and Mdse. and Perpetual Care Cemeteries Regulation		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This is Part 12 of a compilation of the rules of the Mississippi Secretary of State's Office that have been renumbered in accordance with Administrative Procedures Act Rule 3.2. No substantive changes have been made to these rules.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 75-63-67; 41-43-37(7); 75-63-81(9).

List all rules repealed, amended, or suspended by the proposed rule: None.

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

____ Original filing
____ Renewal of effectiveness
To be in effect in ____ days
Effective date:
____ Immediately upon filing
____ Other (specify): ____

PROPOSED ACTION ON RULES

Action proposed:
____ New rule(s)
____ Amendment to existing rule(s)
____ Repeal of existing rule(s)
____ Adoption by reference
Proposed final effective date:
____ 30 days after filing
____ Other (specify): ____

FINAL ACTION ON RULES

Date Proposed Rule Filed: 10/4/11
Action taken:
____ ☒ Adopted with no changes in text
____ Adopted with changes
____ Adopted by reference
____ Withdrawn
____ Repeal adopted as proposed
Effective date:
____ ☒ 30 days after filing
____ Other (specify): ____

Printed name and Title of person authorized to file rules: Dave Scott, Assistant Secretary of State

Signature of person authorized to file rules: Dave Scott

OFFICIAL FILING STAMP

Accepted for filing by

**DO NOT WRITE BELOW THIS LINE
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Accepted for filing by CB18203E
Compilation

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.